

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 101 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

May 30th 1887

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. Warner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, _____ Months, _____ Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Minister

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give street and Number. } 806. 303 (old no) South Howard - Zephth Malanice Ave

Cause of Death, { First, (Primary,) Zephth Malanice Fever }
{ Second, (Immediate,) _____ }

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 1st 1887 Harvey Hill M. D.,

{ Undertaker, Sam'l W. Chase } Medical Attendant.

{ Place of Business, 641 S Howard } Address, 807 Arlington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 102 Office of Registration and Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30/87

Full Name of Deceased, Mary Remlin
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Female
Cross out the word not required in this line.

Age, 64 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, Single
Cross out the words not required in this line.

Occupation, Housekeeper

Birth Place, Germany
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, 2322 Cambridge St.
Give Street and Number.

Cause of Death, Hemiplegia
First (Primary), _____
Second (Immediate), _____

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 1st 1887

Undertaker, Leonhard Ritz

Place of Business, 414 Broadway Address, 129 Broadway

R. W. Mansfield M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 103.

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ^{four} hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

31st May 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Francisca Piechocka

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line.

Age,

Years,

4

Months,

10

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balt. City

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death,

{ Give Street and Number.

S. Bond St. 325

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Tussis convulsiva.

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

May 31 87

{ Undertaker,

John Broschowski

William Hendel M. D.

Medical Attendant.

{ Place of Business,

132 N. Greene

Address,

S. Wolpe St. 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 104 Office of Registrar of Vital Statistics. Ward 74

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Dooy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 Years, — Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give Street and Number. } 1012 N. Durham St

Cause of Death, { First (Primary), Second (Immediate), } Interstitial Nephritis (Bright's disease)
Nremia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National cemetery

Date of Burial, June 1st 1887

Undertaker, Frank Crach Scott & Low M. D.

Place of Business, 827 N. Durham St Per Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. A 105

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Marburgur

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Plumber

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Philadelphia Penn.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give Street and Number. } 134 N. Wolf.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Phthisis
asthenia

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, June 1st 87

{ Undertaker, G. Franco } John S. Lynch M. D.
Medical Attendant.

{ Place of Business, Gantz & Wolf } Address, 41 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

106

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 30 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Winter

Sex, Male or Female,

Cross out the word not required in this line.

Age,

25 Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Prussia

Duration of Residence in the City of Baltimore,

Life long

Place of Death,

Give Street and Number.

82 (old) S. Central Ave 143

Cause of Death,

First (Primary),

Carcinoma maxillae inferioris

Second (Immediate),

Chancres

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Holy Redeemer Cem.

Date of Burial,

June 10 1887

Undertaker,

G. Frank

Place of Business,

Bank & Wolfe

Address,

1523 S. Baltimore

Flath M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 107 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 88

Full Name of Deceased, Margalene Kriegerstein
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female
Cross out the word not required in this line.

Age, 21 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Widow
Cross out the words not required in this line.

Occupation, house - work

Birth Place, Germany
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, 513 S. Collington Ave
Give Street and Number.

Cause of Death, Phthisis pulmonum
Marasmus
First (Primary), Second (Immediate).

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, June 1st 88

Undertaker, G. France

Place of Business, Frank & Waple Address, 1523 P. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,
Office of Registrar of Vital Statistics.

Permit No. A 108

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1887

Full Name of Deceased, James D. Kenney
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, 7 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, Balto. Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 833 Harbor Ave
{ Give street and number. }

Cause of death, Phthisis Pulmonalis
{ First, (Primary), Second, (Immediate), }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, new Cathedral

Date of Burial, June 1st

Undertaker, H. C. Wiedefeld

Place of Business, 916 Green Mt Ave

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 109

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Kelly
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 45 Years, _____ Months, _____ Days
Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give Street and Number. } 830 McKim St.

Cause of Death, { First (Primary), Consumption
Second (Immediate), _____ }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Marys Gavanstown

Date of Burial, June 1st

Undertaker, H. C. Wiedefeld

W D Booker

M. D.

Medical Attendant.

Place of Business, 916 Green Mt Ave Address, 851 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

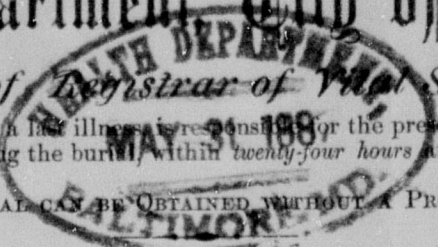
Health Department City of Baltimore.

Permit No. A 110

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 30th 1888

Full Name of Deceased, William Machen
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Washington
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, About 25 years

Place of Death, 217 W Monument St
{ Give Street and Number. }

Cause of Death, Cerebral Congestion
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 1st 1888

Undertaker, H. W. Jenkins & Sons

Place of Business, 201 W. Saratoga St Address, 345 E. Charles St

Thomas Shearn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]